

**CLAIMS ONLY**

**Application Number**

10-622995

Filing Date

10-6-05

**Applicant(s)**

\* May be used for additional claims or amendment.

CLAIMS	AS FILED		AFTER FIRST AMENMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51					
2							52					
3	/						53					
4							54					
5	/						55					
6							56					
7	/						57					
8							58					
9	/						59					
10	/						60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78	/				
29							79	/				
30							80	/				
31							81	/				
32							82	/				
33							83	/				
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2						Total Indep					
Total Depend	10						Total Depend					
Total Claims	16						Total Claims					